

EXHIBIT F

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Case 1:21-cv-00721-MAV-JJM Document 14-7 Filed 08/27/21 Page 2 of 9

A 07024 NY 12 10 2020 4 20-0006596 000 NFIRS -1 Basic

B Location* [X] Street address 201 E 2ND ST 14701 JAMESTOWN NY

C Incident Type* 321 EMS call, excluding vehicle

D Aid Given or Received* 1 [X] Mutual aid received 07015 NY

E1 Date & Times 12 10 2020 06:23:00

E2 Shift & Alarms 3 3

E3 Special Studies

F Actions Taken* 31 Provide first aid &

G1 Resources* [X] Check this box and skip this section if an Apparatus or Personnel form is used.

G2 Estimated Dollar Losses & Values LOSSES: Required for all fires if known. Optional for non fires.

Completed Modules [X] Apparatus-9 [X] Personnel-10

H1* Casualties None

H2 Detector 1 [X] Detector alerted occupants

H3 Hazardous Materials Release 1 [X] Natural Gas: slow leak, no evacuation or HazMat actions

I Mixed Use Property 00 [X] Other mixed use

J Property Use* Structures 131 [X] Church, place of worship

K1 Person/Entity Involved

Local Option ☐ Business name (if applicable) Area Code Phone Number

☐ Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

K2 Owner ☐ Same as person involved? Then check this box and skip The rest of this section.

Local Option ☐ Business name (if Applicable) Area Code Phone Number

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix

Number Prefix Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room City

State Zip Code

L Remarks

Local Option ☐

On arrival to the jail we found patient with a large hematoma to his forehead. This head injury was self inflicted. Patient states he "wants to die". Assessed vitals and transferred care to A401 Falconer for transport.

L Authorization

956 HANLON, PHILIP F LT 12 11 2020

Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. ☐ 798 PERRIN, MELODIE E CIV 12 11 2020

Member making report ID Signature Position or rank Assignment Month Day Year

07024

FDID

*

NY

State *

12

10

2020

Incident Date *

4

Station

20-0006596

Incident Number *

000

Exposure *

Complete
Narrative**Narrative:**

On arrival to the jail we found patient with a large hematoma to his forehead. This head injury was self inflicted. Patient states he "wants to die". Assessed vitals and transferred care to A401 Falconer for transport.

FDID 07024 State NY Incident Date 12/10/2020 Station 4 Incident Number 20-0006596 Exposure 000
Delete Change

B Apparatus or * Resource		Date and Times <small>Check if same as alarm date</small> Month Day Year Hour Min					Sent <input checked="" type="checkbox"/>	Number of * People <input type="checkbox"/>	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken	
1	ID E4 Type 11	Dispatch <input checked="" type="checkbox"/>	12	10	2020	06:23	<input checked="" type="checkbox"/>	3	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
2	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
3	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
4	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
5	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
6	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
7	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
8	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
9	ID Type	Dispatch <input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

Type of Apparatus or Resources

Ground Fire Suppression

- 11 Engine
- 12 Truck or aerial
- 13 Quint
- 14 Tanker & pumper combination
- 16 Brush truck
- 17 ARF (Aircraft Rescue and Firefighting)
- 10 Ground fire suppression, other

Heavy Ground Equipment

- 21 Dozer or plow
- 22 Tractor
- 24 Tanker or tender
- 20 Heavy equipment, other

Aircraft

- 41 Aircraft: fixed wing tanker
- 42 Helitanker
- 43 Helicopter
- 40 Aircraft, other

Marine Equipment

- 51 Fire boat with pump
- 52 Boat, no pump
- 50 Marine apparatus, other

Support Equipment

- 61 Breathing apparatus support
- 62 Light and air unit
- 60 Support apparatus, other

Medical & Rescue

- 71 Rescue unit
- 72 Urban Search & rescue unit
- 73 High angle rescue unit
- 75 BLS unit
- 76 ALS unit
- 70 Medical and rescue unit, other

More Apparatus?
Use Additional
Sheets

Other

- 91 Mobile command post
- 92 Chief officer car
- 93 HazMat unit
- 94 Type 1 hand crew
- 95 Type 2 hand crew
- 99 Privately owned vehicle
- 00 Other apparatus/resource
- NN None
- UU Undetermined

A		FDID 07024		State NY		Incident Date 12/10/2020		Station 4		Incident Number 20-0006596		Exposure 000		<input type="checkbox"/> Delete <input type="checkbox"/> Change		NFIRS - 10 Personnel	
B		Apparatus or Resource		Date and Times <small>Check if same as alarm date</small>						Sent <input checked="" type="checkbox"/>		Number of People		Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>		Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>	
Use codes listed below		Month Day Year Hours/mins															
1		ID E4		Dispatch <input checked="" type="checkbox"/>		12/10/2020		06:23		Sent <input checked="" type="checkbox"/>		3		<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
Type 11		Arrival <input checked="" type="checkbox"/>		12/10/2020		06:32		Clear <input checked="" type="checkbox"/>		12/10/2020		06:57		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
Personnel ID		Name						Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken	
1007 956 977		THORPE, HUNTER HANLON, PHILIP WADSWORTH, BROCK						FF1 CAPT FF		X X X							
2		ID		Dispatch <input type="checkbox"/>						Sent <input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
Type		Arrival <input type="checkbox"/>						Clear <input type="checkbox"/>								<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
Personnel ID		Name						Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken	
										<input type="checkbox"/>							
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										<input type="checkbox"/>							
3		ID		Dispatch <input type="checkbox"/>						Sent <input type="checkbox"/>				<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
Type		Arrival <input type="checkbox"/>						Clear <input type="checkbox"/>								<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
Personnel ID		Name						Rank or Grade		Attend <input checked="" type="checkbox"/>		Action Taken		Action Taken		Action Taken	
										<input type="checkbox"/>							
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										<input type="checkbox"/>							

07024

FDID

NY

State

12

Incident Date

10

2020

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Station

20-0006596

Incident Number

000

Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E4 ENGINE 4	06:23:00	06:23:00	06:32:00	06:57:00

Staff ID\Staff Name	Activity	Rank	Position	Role
1007 THORPE, HUNTER J	Medical At Scene	Firefighter		
956 HANLON, PHILIP F	Medical At Scene	Captain		
977 WADSWORTH, BROCK C	Medical At Scene	Firefighter		

07024

NY

12

10

2020

4

20-0006596

000

Responding
Personnel

FDID

*

State

*

Incident

Date

*

Station

Incident Number

*

Exposure *

Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
1007 THORPE, HUNTER J	E4	MX Medical At		FF1		0.57	0.57	1.00
956 HANLON, PHILIP F	E4	MX Medical At		CAPT		0.57	0.57	1.00
977 WADSWORTH, BROCK C	E4	MX Medical At		FF		0.57	0.57	1.00

Total Participants: 3

Total Personnel Hours: 1.71

An 'X' next to the unit denotes driver.

07024	NY	12	10	2020	4	20-0006596	000	NFIRS - Involvement User Fields
FDID	State	Incident	Date		Station	Incident Number	Exposure	

Involvement	Involvement	
Name:	Type:	Owner: Occupant:
Powell, Christian	Patient	